

***Patient's Name:** _____ **Current Allergy Medicine(s):** _____

SYMPTOMS ~ please check all that apply

- 1. Sneezing
- 2. Running nose
- 3. Stuffy Nose
- 4. Coughing
- 5. Shortness of Breath
- 6. Wheezing
- 7. Headache
- 8. Fatigue
- 9. Hives
- 10. Bloating, Cramps, or Diarrhea
- 11. Trouble Sleeping (Insomnia)
- 12. Symptoms Worse: Morning, Afternoon, Evening, Night
- 13. Symptoms Worse: Summer, Fall, Winter, Spring, Same Year-Round
- 14. Symptoms Worse With Changes in Weather OR Temperature
- 15. Itching of Eyes, Nose, Ears or Roof of Mouth

POLLENS

- 1. Warm Weather: Better, Worse, No Difference
- 2. Better: Indoors, Outdoors, No Difference
- 3. Clear Days: Better, Worse, No Difference
- 4. Windy Days: Better, Worse, No Difference
- 5. In Air Conditioning: Better, Worse, No Difference
- 6. Going From Air Conditioned Room to Outside: Better, Worse, No Difference

DUST

- 1. Cold Weather..... Better, Worse, No Difference
- 2. Indoors..... Better, Worse, No Difference
- 3. When Dusting House..... Worse, No Difference
- 4. After Going to Bed.....Better, Worse, No Difference
- 5. When Heating Turned On.....Better, Worse, No Difference

MOLDS

- 1. Outdoors Between 4:30pm-8:30pm.....Better, Worse, No Difference
- 2. Mid July to November.....Better, Worse, No Difference
- 3. Damp Places, Low Areas, Camping..... Worse, No Difference
- 4. Mowing, Playing on Grass, Golfing.....Worse, No Difference

ENVIRONMENT

- 1. Worse: In Your Home, At Your Job, No Difference
- 2. Worse in A Certain Room? Which One: _____
- 3. Worse Near Trees or Flowers? List Types: _____
- 4. Worse Doing Hobbies (i.e. Sewing, Painting, Woodwork, Swimming) _____
- 5. Do You Have Feather Pillows or Comforter, Sheepskin, Rugs, etc.? _____
- 6. Worse Around Tobacco, Perfume, Chemicals?
- 7. Do you Sleep With Windows Opened OR Closed
- 8. Is Your Heating System: Central, Radiator, Other? _____
- 9. Is Your Cooling System: Central, Fan, Air Conditioner, Other? _____
- 10. Worse After Drinking Water? Yes OR No
- 11. Worse 5 to 60 Minutes After Lunch or Dinner? Yes OR No
- 12. Do You Wake Between 1:00am and 5:00am for no reason? Yes OR No
- 13. Do You Have Athlete's Foot or Other Fungal Infections? Yes OR No
- 14. Do You Have Pets? Yes OR No If Yes, please list: _____
- 15. Worse Around Other Animals? Which Ones: _____